



1762

TRANSMITTAL FORM

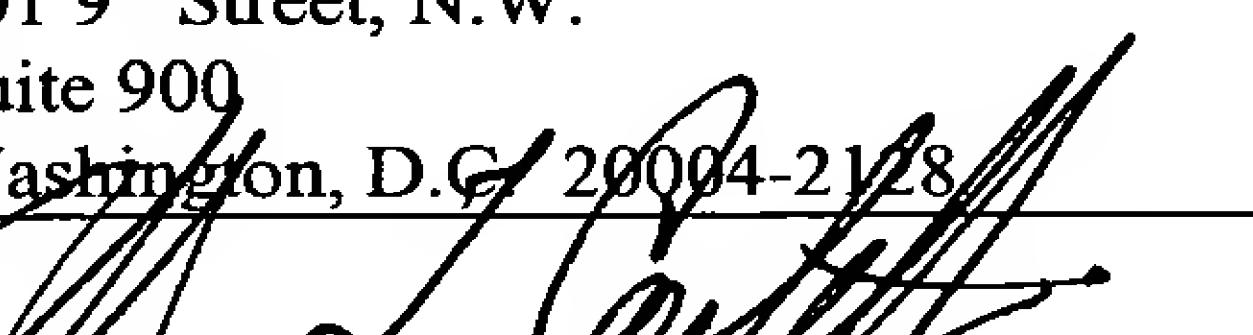
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/412,510
	Filing Date	October 5, 1999
	First Named Inventor	Kenji ITOH et al.
	Group Art Unit	1762
	Examiner Name	Marianne L Padgett
Total Number of Pages in This Submission	1	
	Attorney Docket Number	740756-2045

ENCLOSURES *(check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Request for Reconsideration	<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> _____		
<table border="1"> <tr> <td>Remarks</td> <td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the identified below.</td> </tr> </table>			Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the identified below.
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the identified below.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm <i>or</i> Individual name	Jeffrey L. Costellia – Reg. No. 35,483 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	September 29, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment; Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.

Date

Signature

Typed or printed name